Recommendations of the Long Term & Post Acute Care Advisory Task Force: Certification of LTPAC EHR Technology

Mark Leavitt, MD, PhD, -- CCHIT Commission Chair;

Co-Chair Advisory Task Force

John Derr – SVP, CTSO Golden Living; CCHIT Commissioner;
Co-Chair Advisory Task Force

Sue Reber – CCHIT Marketing Director; Advisory Task Force Staff

For the Certification Commission Meeting
Teleconference | June 16, 2009

Task Force Members

NAME	AFFILIATION	REPRESENTING	TYPE
Mark Leavitt, MD*	Chair, CCHIT	CCHIT	
John F. Derr, R.PH*	SVP, CTSO Golden Living; Commissioner, CCHIT	LTC spectrum	P
Christopher M. Attaya, MBA, FHFMA	Pres/CEO, Partners Home Care, Hospice and Private Care	Home, hospice, NAHC	P
Thomas Clark, R.PH.	American Society of Consultant Pharmacists	Pharmacy	P
Dan Cobb	CTO, HealtHMEDX	SNF, assisted living, therapy, home care, hospice IT vendors; NASL	V
Doc DeVore	VP Product Strategy, MDI Achieve	SNF IT vendors; NASL	V
Yael Harris, Ph.D., MHS	Sr. Policy Analyst, ONC/HHS	LTC spectrum	G
Jennie Harvell	Sr. Policy Analyst, HHS, Office of Asst. Sec. Planning & Evaluation	HHS, HIT, post acute and long term care	G
Mary T. Haynor, BSN, MBA	Pres/CEO, Horizon Home Care and Hospice, Inc.	Home, hospice	P

* Co-Chairs

P=provider; V=vendor; G=government; C=consumer; A=association

Task Force Members

NAME	AFFILIATION	REPRESENTING	TYPE
Gail Gibson Hunt	Pres/CEO, National Alliance for Caregiving	Consumers and caregivers	C
Nathan Lake, RN, BSN, MSHA	American HealthTech	SNF	V
Sue Mitchell, RHIA	Project Manager, OmniCare	LTC pharmacy	P
Sheila Lambowitz, MBA	Director, Division of Institutional Post Acute Care, HHS/CMS	LTC standards	G
Michelle Dougherty, MA, RHIA, CHP	Dir. Practice Leadership, AHIMA	LTC spectrum, AHIMA	A
Marcia P. Reissig, RN, MS	CEO Sutter VNA & Hospice	Home, hospice, NAHC	P
William M. Russell, MD	VP, Clinical Informatics, Erickson Retirement Communities	LTC medical directors, AMDA	P
Martha Schram, PT	Pres. Aegis Therapies	LTC therapy	P
Larry Wolf	Sr. Consulting Application/Data Architect, Kindred Healthcare	LTC hospitals, SNF, IHE	P

P=provider; V=vendor; G=government; C=consumer; A=association

Recommendations from the LTPAC Advisory Task Force

- Group met on 4 occasions (April 10, 23, 30 and May 14) by teleconference

- Steps in the process:

  1. Depict the **spectrum** of long term and post acute care

  2. Determine how EHR technology certification can be **aligned** to this spectrum

  3. Set **priorities** for developing certification for LTPAC EHR technology

- The Task Force is interested in meeting with the LTPAC Work Group as needed to further clarify any questions about the recommendations

Description of the Domain

The Task Force recommends that the Commission adopt Long Term and Post Acute Care (LTPAC) as the term to describe the collection of care settings for which EHR technology certification programs are to be developed.

Longitudinal Care

Longitudinal Care is defined as the care necessary to treat chronic conditions as a patient moves from various care settings using previous care information, care trending, and wellness to facilitate dynamic care rather than static or episodic care.

LTPAC Domain Model

Home Care	Hospice	Other Home & Community Based Care	Adult Day Care	Assisted Living	Nursing Facilities	Inpatient Rehab Facility	Long Term Care Hospital	Other Institutional Providers
Private Duty Care Management	Home Hospice		Personal Care		Skilled Nursing Facility			Intermediate Care Facility
Certified Home Health								
Allied Health *Rehab *Mental Health *Nutrition *Social Services	Inpatient Hospice		Mental Health		Nursing Facility			Mental Retardation/ Developmentally Disabled Facility
Home Infusion								
Home Medical Equipment								

Priorities for Initial EHR Technology Certification

The following care settings are recommended as having first priority in this initial effort:

– Skilled Nursing/Nursing Facilities

– Medicare Certified Home Health Agencies

– Inpatient Rehabilitation Facilities

– Long Term Acute Care Hospitals

Future Care Settings for EHR Technology Certification

The following care settings are recommended as possible future areas for LTPAC EHR technology certification:

- Adult Day Care
- Assisted Living Facilities and other Personal Care Homes
- Home Hospice
- Home Medical Equipment services
- Independent Retirement Communities
- Non-Medicare Home Health Care (e.g. private duty)
- Standalone Inpatient Hospice (if not already licensed as one of the priority settings)

LTPAC EHR Technology Certification Recommendations

Home Care	Hospice	Other Home & Community Based Care	Adult Day Care	Assisted Living	Nursing Facilities	Inpatient Rehab Facility	Long Term Care Hospital	Other Institutional Providers
Private Duty Care Management	Home Hospice		Personal Care		Skilled Nursing Facility			Intermediate Care Facility
Certified Home Health								
Allied Health *Rehab *Mental Health *Nutrition *Social Services								
Home Infusion	Inpatient Hospice		Mental Health		Nursing Facility			Mental Retardation/ Developmentally Disabled Facility
Home Medical Equipment								

Impact of ARRA on EHR Technology Certification

•LTPAC EHR technology certification shall address the American Recovery and Reinvestment Act of 2009 (ARRA) EHR technology requirements as detailed in ARRA §3000(13)

•**QUALIFIED ELECTRONIC HEALTH RECORD**
(A) includes patient demographic and clinical health information, such as medical history and problem lists; and
(B) has the capacity—
    (i) to provide clinical decision support;
    (ii) to support physician order entry;
    (iii) to capture and query information relevant to health care quality
    (iv) to exchange electronic health information with, and integrate such information from other sources.

Recommended ARRA Considerations

- **Interoperability** - ARRA §3000(13)(B)(iv) should be given particular attention as a key area of certification
  - Ability to transmit/receive a properly formatted CCD should be a core requirement
- Ability to enter, create and manage information related to the following **direct care functions** is essential for LTPAC EHR technology certification:
  - Patient demographics [ARRA §3000(13)(A)]
  - Clinical health information [ARRA §3000(13)] including:
    - Problem lists [ARRA §3000(13)(B)]
    - Medical History [ARRA §3000(13)(A)]
      - Active Diagnoses
      - Inactive Problems

Other Recommended Attributes for Consideration

- Advance Directives (documents and care orders)
- Allergies and alerts
- Capture, query and report compliance with health care quality measures
- Clinical decision support [ARRA §3000(13)(B)(i)]
- Family and Social History
- Functional Status
- Medication Lists including medication reconciliation during transitions of care
- Provider order management
  - Medications including administration instructions
  - Non-medication Treatments
- Setting-specific assessments as required for reimbursement (e.g., Minimum Data Set for SNFs/NFs)

Recommended Approach to Certification Development

- The work group should identify "core" certification criteria common to all four priority LTPAC care settings for use in the initial EHR certification.

- Where possible, the work group should reuse or adapt existing criteria from other CCHIT certification programs.

- The work group should then identify additional criteria specific to each care setting that
  - Could be used for initial certification for these settings
  - Will be used for future certification for these settings

- In line with the CCHIT development process, criteria should include a roadmap indicating when the criteria are expected to be implemented.

Recommended LTPAC EHR Certification Priorities

- Core LTPAC EHR certification criteria (year 1)
  - Skilled Nursing/Nursing Facilities
  - Medicare Home Health Agencies
  - Inpatient Rehabilitation Facilities
  - Long Term Acute Care Hospitals

- Criteria specific to a care setting (in the following order as capabilities allow)
  - Skilled Nursing/Nursing Facilities (year 1)
  - Medicare Home Health Agencies (year 1)
  - Inpatient Rehabilitation Facilities
  - Long Term Acute Care Hospitals

Potential Sources of LTPAC EHR Technology Criteria

- Credibility and neutrality is crucial
- Reuse CCHIT Ambulatory and Inpatient criteria if possible
- Need other consensus-based sources of criteria, e.g.,
  – Legal requirements for compliance
  – HL7 LTC-Nursing Home EHR-S Functional Profile Release 1 (9/08)
  – " A Roadmap for HIT in LTC 2008-2010" (LTC Health IT Summit)
  – "LTC~HIT Snapshot" (AHCA 12/06)
  – "Availability and Use of Health IT in Nursing Homes: Market Scan Report" (9/08)
  – NCVHS Testimony, Executive Subcommittee Hearing on "Meaningful Use" (4/09)
  – Requirements lists from other standards organizations
  – Industry associations